## Program: Prevention and Education Program

One of the key benchmark measures for the FEM Prevention and Education program is the percent of arson cases closed with an arrest. This measure ties to the District's citywide strategic priority of Building Safer Neighborhoods. The accompanying table shows how the District compares with jurisdictions reporting on this measure to the International City/County Management Association (ICMA).

Note: The Fire and Emergency Medical Services Department provided all benchmark data. The District of Columbia is reporting FY 2003 data

Chart 1-21: Percent of Arson Cases Closed with an Arrest
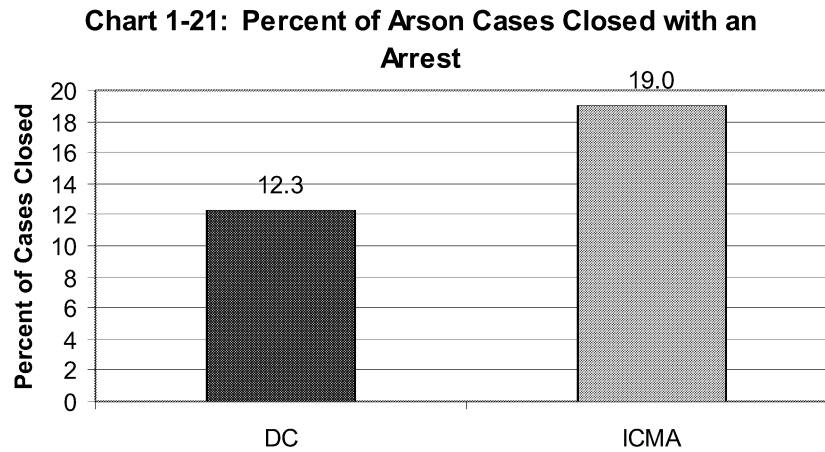
while FY 2002 data for ICMA is being reported. FY 2002 data was the latest ICMA data available for this benchmark.
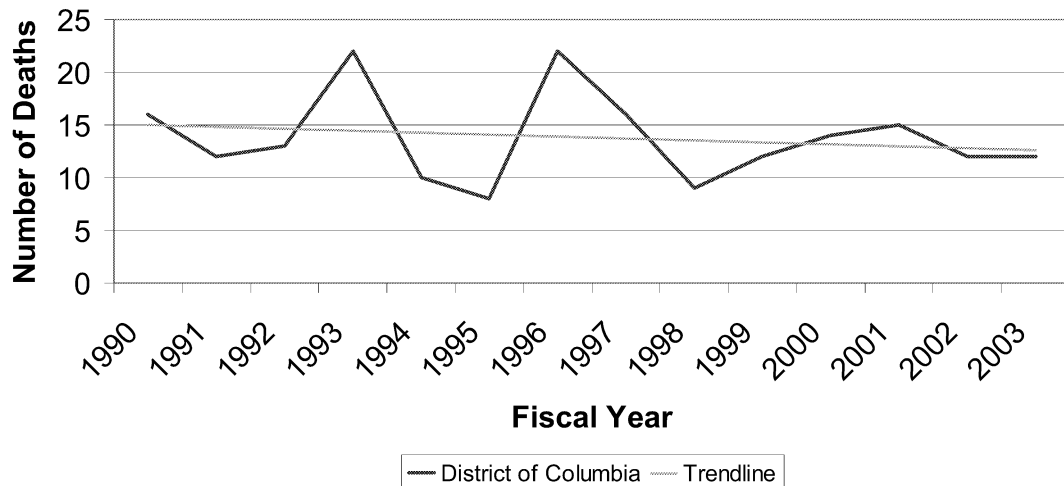
According to FEMS, the District of Columbia lags significantly behind ICMA reporting jurisdictions with populations over 100,000 in closure rate for arson cases (12.3 percent as compared to the ICMA median of 19.0 percent).

Program: Field Operations

One of the key benchmark measures for the FEM Field Operations program is the number of civilian fire related deaths by fiscal year. This measure ties to the District's citywide strategic priority of Building Safer Neighborhoods. The accompanying table shows the trend for the past 13 years.

Note: The Fire and Emergency Medical Services Department provided all benchmark data.

Chart 1-22: Number of Civilian Fire Deaths by Fiscal Year


According to FEMS, analysis of the multi-year trend in deaths caused by fire in the District of Columbia shows that fire continues to be a significant risk. Most civilian fire deaths occur in residences that lack sprinkler systems and working smoke detectors. Installation of these fire protection measures in residential occupancies dramatically reduced the risk of death by fire or fire by-products (smoke and toxic gases). Civilian fire deaths are an extremely volatile statistic, particularly in the short-term. An individual year's data can be skewed by a single multi-fatality incident. This statistic can nevertheless be a useful indicator when trends are analyzed over the long-term. For the seven-year period FY 1990 to 1996, the District averaged 14.7 civilian fire deaths annually. For the seven-year period FY 1997 to 2003, the District averaged 12.9 civilian fire deaths annually. This and the linear trend line in the chart would suggest that improvements in fire safety education and modernization of building codes have had some effect in reducing the number for civilian fire deaths.

Department of Corrections (FLO)

Program: Personnel

One of the key benchmark measures for the Department of Corrections' (DOC) Personnel program is the rate of correctional officer sick leave usage hours. This measure ties to the District citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-23: Rate of correctional officer sick leave usage hours in Calendar Year 2002
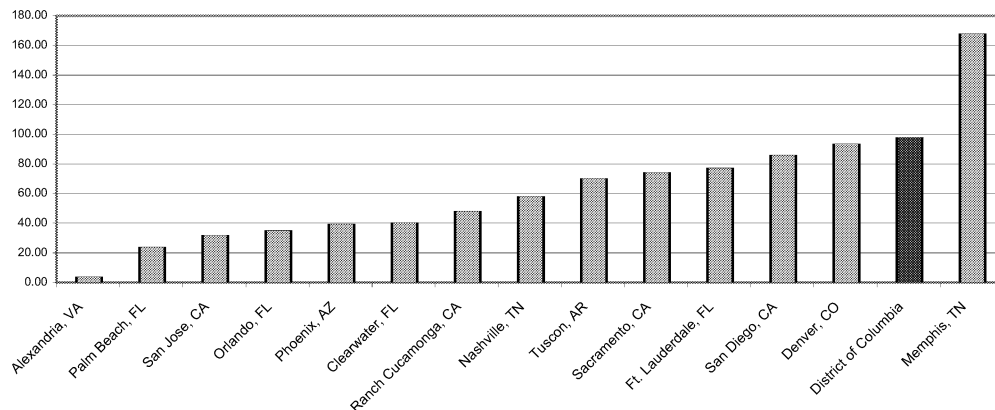
Note: The Department of Corrections provided all benchmark data.

According to DOC, this benchmark shows that the District is above average when compared to the other jurisdictions in the terms of sick leave usage. Eighty percent of DOC's operating costs are associated with labor and personnel. Working to improve employee health and sick leave usage in a veteran work force will allow DOC to demonstrate management and fiscal effectiveness while improving staff readiness and ability to respond to security related incidents.

Office of the Chief Medical Examiner (FXO)

Program: Death Investigation and Certification

One of the key benchmark measures for the Office of the Chief Medical Examiner's (OCME) Death Investigation and Certification program is the percent of toxicology reports completed within 30 days of receipt of samples for testing. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-24: Percent of toxicology reports completed within 30 days of receipt of samples for testing in FY 2003
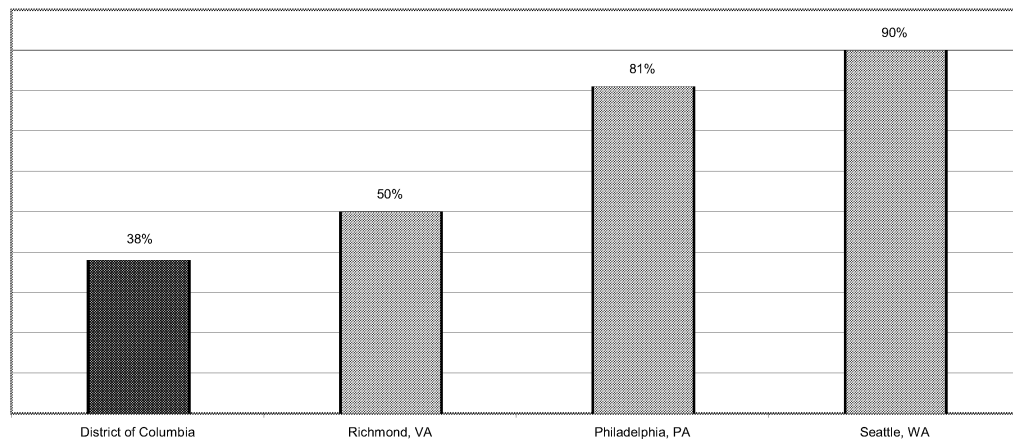
Note: The Office of the Chief Medical Examiner (OCME) provided all benchmark data.

According to OCME, this benchmark shows that the District's Toxicology Department's performance results are lower in comparison to other jurisdictions. OCME gives possible reasons for the data results. For example, the District's Toxicology Department screens for many more drugs than, for example, Seattle's Toxicology Department. In many cases, Seattle screens only for alcohol and the case is then completed within one to two days. OCME believes that comprehensive screening is preferable to this different approach because the former yields results that are of greater value in determining cause and manner of death. Second, the District is comparing the newly established toxicology laboratory, which began testing only in FY 2003 and just reached full staffing levels in November 2003, to well established toxicology laboratories that have operated for years.

Public Education System

Commission on the Arts and Humanities (BX0)

Program: Art Building Communities

One of the key benchmark measures for the Commission on the Arts and Humanities' (CAH) Art Building Communities program is the per capita spending on the arts by designated state department. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-25: Per capita spending on the arts by designated state agency in FY 2003
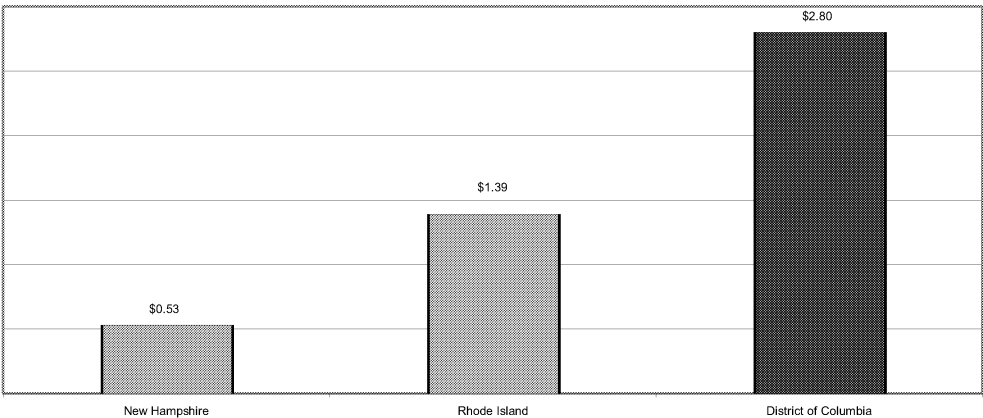
Note: The Commission on the Arts and Humanities provided all benchmark data.

According to CAH, this benchmark shows that the District is spending more on the arts than the other peer jurisdictions. The District ranks fourth in per capita spending on the arts in the United States and has ranked among the top ten states in per capita spending for at least the past five years. Unlike other jurisdictions, the DC Commission on the Arts and Humanities is the sole source of public funding for the arts for the District of Columbia. As such, the agency is the sole provider of cultural services for the District of Columbia Government to residents and visitors.
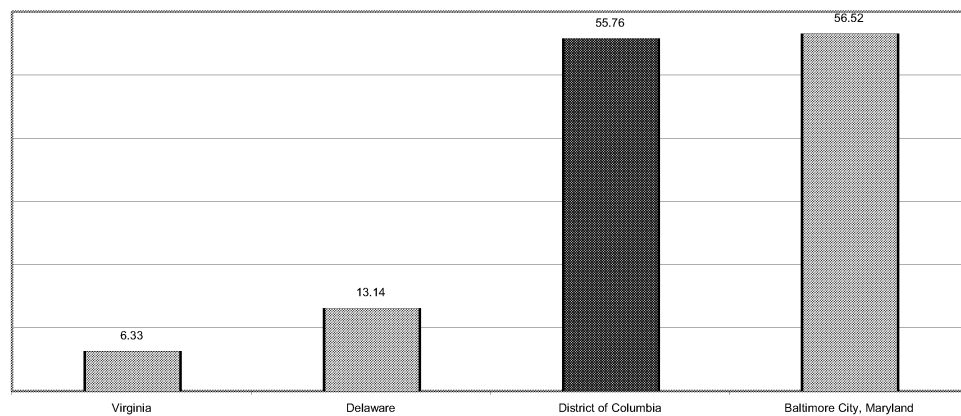
Human Support Services

Child and Family Services Agency (RL0)

Program: Child Welfare

One of the key benchmark measures for the Child and Family Services Agency's (CFSA) Child Welfare program is the number of finalized adoptions per 100,000 population. This measure ties to the District's citywide strategic priority of Strengthening Children, Youth, Families, and Elders. The accompanying table illustrates the District's performance with benchmark jurisdictions.

**Chart 1-26: Number of finalized adoptions
per 100,000 population in FY 2000**

Note: The Child and Family Services Agency provided all benchmark data.

According to CFSA, this benchmark suggests that the District is placing foster children in permanent homes at a high rate. Since FY 2000, CFSA has made increasing finalized adoptions and enhancing family permanence a top priority.

Department of Mental Health (RMO)

Program: Service Delivery System

One of the key benchmark measures for the Department of Mental Health's (DMH) Service Delivery System program is the penetration rate for individuals registered for mental health services. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-27: Penetration rate for individuals registered for mental health services in FY 2003
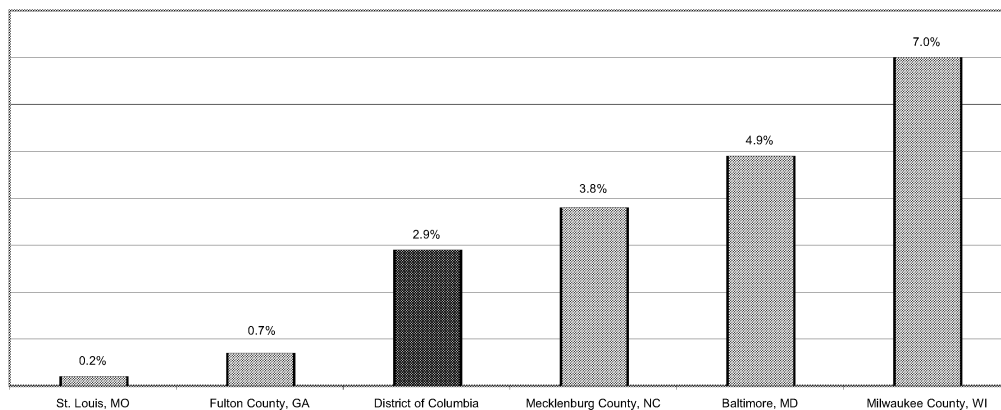
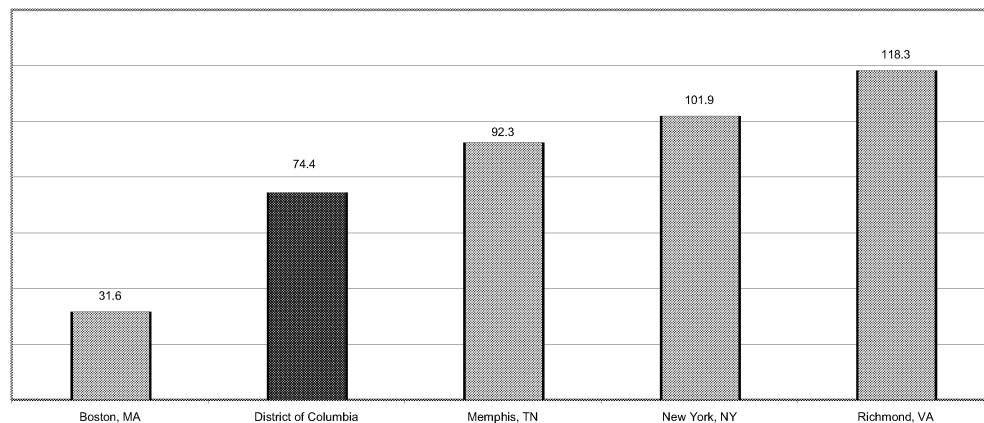Note: The Department of Mental Health provided all benchmark data.

According to DMH, monitoring the penetration rate is one way to measure a department's effectiveness in ensuring access to needed behavioral health services. Analysis of the number of persons enrolled for services informs the planning process and impacts other program measures such as the number of certified providers and percentage of consumers receiving specific services. Additionally, DMH stated this benchmark might measure the department's effectiveness in ensuring access to needed behavioral health services. Moreover, analysis of the number of persons enrolled for services informs the department's planning process and impacts other program measures such as the number of certified providers and percentage of consumers receiving specific services.

Department of Health (HC0)

Program: Policy, Planning, and Research

One of the key benchmark measures for the Department of Health's (DOH) Policy, Planning, and Research program is the teen pregnancy rate per 1,000 adolescent girls ages 15 to 19. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-28: Teen pregnancy rate per 1,000 women ages 15-19 in Calendar Year 2001

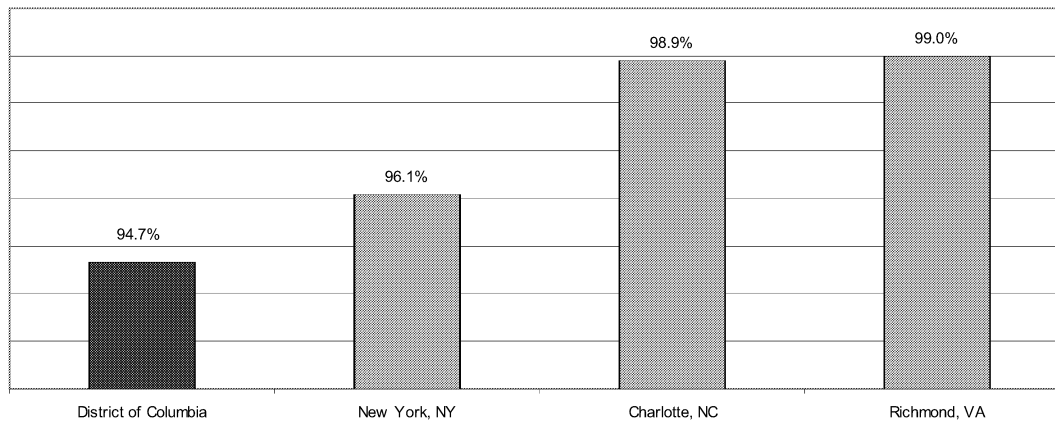Note: The Department of Health provided all benchmark data.

This benchmark shows that the District rate of 74.4 per 1,000 adolescent girls ages 15-19 is lower than Memphis, New York City, and Richmond, but not as low as Boston.

Program: Policy, Planning, and Research

One of the key benchmark measures for the DOH's Policy, Planning, and Research program is the percent of births filed within 10 days. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

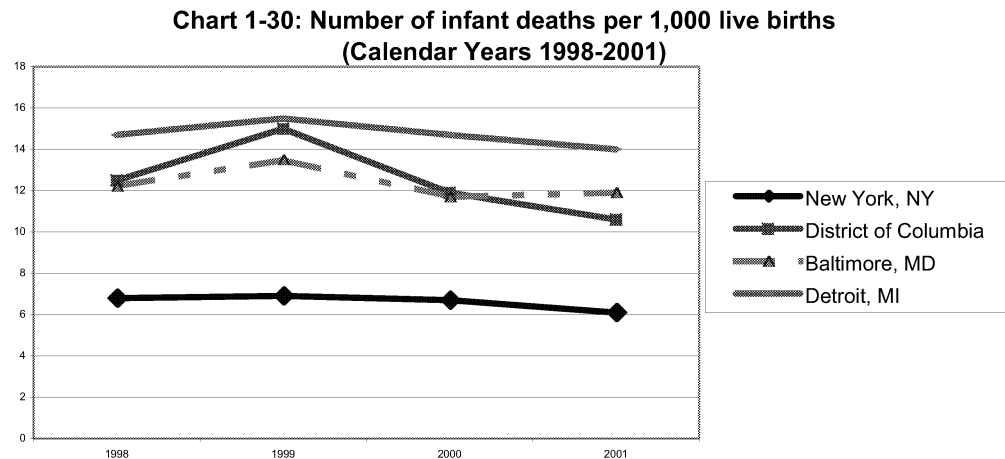**Chart 1-29: Percent of births filed within 10 days in FY 2002**

Note: The Department of Health provided all benchmark data.

According to DOH, this benchmark shows that the District is performing slightly lower than the other benchmark jurisdictions. The turnaround time for the filing of copies of birth certificates is important because it determines how soon the record will be available for public use and statistical purposes. A major objective in the re-engineering effort is to shorten the time of filing so that thisese data are is available in a more timely manner. DOH further states that it is currently reengineering its birth reporting system, an effort that will increase the percentage of births filed within 10 days.

Program: Policy, Planning, and Research

One of the key benchmark measures for DOH's Policy, Planning, and Research program is the number of infant deaths per 1,000 live births. This measure ties to the District's citywide strategic priority of Making Government Work. The accompanying table illustrates the District's performance with benchmark jurisdictions.

Chart 1-30: Number of infant deaths per 1,000 live births (Calendar Years 1998-2001)

Note: The Department of Health provided all benchmark data.

According to DOH, this benchmark shows that the District's infant mortality rate has decreased at a faster rate than the other jurisdictions compared. For the past 10 years, the federal Healthy Start grant award has resulted in greater outreach and recruitment of women into early prenatal care leading to a reduction in low birthweight babies in the District. This is a key indicator for infant mortality and contributed to the reduction in the District's overall infant mortality rate by 42 percent.